

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G279	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/17/2015
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NAME OF PROVIDER OR SUPPLIER JAY-RANDOLPH DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 644 E NORTH STREET PORTLAND, IN 47371
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W 0000 Bldg. 00	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 9, 10, 11 and 17, 2015.</p> <p>Facility Number: 000799 Provider Number: 15G279 AIMS Number: 100249030</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed by #09182 on 9/22/2015.</p>	W 0000		
W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure nursing services developed and implemented a specific plan of care in regard to client #1's diabetes to include the parameters of high and low blood glucose results, what the staff were to do if client #1's blood sugars were below or above the specific parameters and when the staff were to notify nursing.</p>	W 0331	<p>331</p> <p>Now and in the future, all diabetic plans of care will include the parameters of high and low blood glucose results and include what the staff are to do when the blood sugars are above and below the specific parameters. The JRDS nursing staff will include in the plans something like the following: Staff to call nurse: If individual's blood sugar is below 60 and the orange juice does not bring it up.</p>	10/16/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>Client #1's record was reviewed on 9/10/15 at 11 AM. Client #1's record indicated a diagnosis of, but not limited to, Type II Diabetes.</p> <p>Client #1's September 2015 physician's orders indicated: __ Client #1 was to have her blood sugar checked daily. __ Client #1 received Glucophage XR 1500 milligrams at bedtime every evening for blood sugar control.</p> <p>Client #1's 1/4/15 Diabetic Protocol indicated: __ "Signs and symptoms of high blood sugar - Hyperglycemia: restlessness, thirst, hot dry skin, rapid pulse, fruity odor to the breath and nausea." __ "Signs and symptoms of low blood sugar - Hypoglycemia: headache, sweating, nervousness, thready pulse, slurred speech, shakiness, weakness, hunger, dizziness, blurred vision, heart palpitations, slurred speech (sic), drowsiness, confusion and seizures."</p> <p>The protocol indicated "Implementation: __ "If [client #1] displays or voices any of the signs and symptoms mentioned in 'high blood sugar' or 'low blood sugar,' staff will check her (client #1's) blood</p>		<p>If individual's blood sugar is over 250, notify the MD and then call the nurse.</p> <p>All staff will be trained on the addition to the current plan. Nursing staff, Home Manager and DSP's are responsible.</p>		

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	<p>sugar with her glucometer (a mechanical device to test the blood sugar). __[Client #1] will test her blood sugar daily per her doctor's orders and document on her flow sheet with staff assistance. __[Client #1] to maintain diabetic diet prescribed per RD (Registered Dietician). __Staff to monitor [client #1's] legs and feet daily for signs of dry, scaly, red, itching or cracked skin, blisters, corns, calluses, abrasions, infection and thickened discolored nails. Keep feet dry at all times. __[Client #1] to avoid going barefoot, foot or leg trauma, scratching insect bites, using a hot-water bottle or a heating pad on the lower extremities, getting sunburned, wearing constricting garments, and remaining in the same position for long periods. __[Client #1] to walk to tolerance daily, to plan exercise periods after meals, to bend and straighten the knees and rotate the ankles occasionally when sitting. __Avoid vigorous rubbing of the skin and feet and the use of alcohol preparations. __[Client #1] to avoid all infections. __[Client #1] should wear a medical alert tag. __Staff to maintain all meds. __Staff will monitor all appointments - doctor, neurologist, dentist, optometrist, audiologist, endocrinologist and monitor</p>			

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	<p>all labs prescribed."</p> <p>The protocol indicated "Staff to call nurse: ___ If [client #1] is showing signs and symptoms of 'low blood sugar,' as mentioned above, notify MD and then call the nurse. ___ If [client #1] is showing signs and symptoms of 'high blood sugar,' as mentioned above, notify MD and then call the nurse. ___ If [client #1] is observed to have any signs of a skin issue, as mentioned above. ___ If [client #1] is showing signs of infection, elevated temperature and redness to the skin."</p> <p>Client #1's Glucometer Reading records for 2015 indicated client #1's blood sugar results ranged from 98 to 155.</p> <p>Client #1's protocol failed to include parameters of high and low blood sugar results with specific instructions to the staff as to what they were to do given the results of client #1's blood sugars and when the staff were to call the nurse in regard to the results of the blood sugar tests.</p> <p>During interview with the facility's RN on 9/10/15 at 2 PM, the RN: ___ Indicated client #1 should have a</p>			

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W 0383 Bldg. 00	<p>diabetic risk plan in place and not a protocol. ___ Indicated client #1's risk plan should include the parameters of high and low blood sugar (glucometer) results with specific instructions to the staff to follow depending on what client #1's blood sugar results were and when the staff were to call the nurse. ___ Indicated a specific diabetic risk care plan would be developed for client #1.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview for 7 of 7 clients living in the group home (clients #1, #2, #3, #4, #5, #6 and #7) that received medications, the facility failed to ensure the medication keys to the clients' medication cabinet were secured and only accessible by the staff.</p> <p>Findings include: Observations were conducted at the group home on 9/9/15 between 3:20 PM and 5:30 PM. ___ The medication room was located in a small rectangular room near the entrance</p>	W 0383	<p>383</p> <p>Now and in the future, the group home will ensure themedication keys to the clients' medication cabinet are secure and onlyaccessible by staff. The Group Home Managerhas moved the keys to the office cabinet where the keys are now kept insidethis cabinet. The Homes Lead Manager,Nurse and the Group Home Manager will monitor to ensure the keys are in theproper location.</p>	10/01/2015			

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	<p>to the back hallway where the clients' bedrooms and main bathroom were located.</p> <p>__ The door to the medication room was unlocked.</p> <p>__ Upon opening the door to this room and behind the door was a tall, large, locked, metal cabinet.</p> <p>__ There were wooden built in shelves and cabinets on both sides of the room and the shelves held the clients' supplies, toilet paper, paper towels and various other miscellaneous items.</p> <p>__ Beside the metal cabinet and between the shelves was a wooden shelf that served as a desk for the staff to use while giving medications and on the desk was a small decorative glass container with a lid.</p> <p>At 4:10 PM:</p> <p>__ The HM (Home Manager) entered the medication room with client #5.</p> <p>__ The HM removed a set of keys from the small decorative glass container on the self next to the metal cabinet, unlocked the metal cabinet, gave client #5 her PM medications, re-locked the cabinet and returned the keys to the glass container on the self beside the medication cabinet.</p> <p>During interview with the HM on 9/9/15 at 4:15 PM, the HM:</p>			

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	<p>__ Indicated client #1's, #2's, #3's, #4's, #5's, #6's and #7's medications were locked in the metal cabinet in the medication room.</p> <p>__ Indicated there were controlled medications/narcotics also stored in the metal cabinet and retrieved the keys from the glass container, opened the metal cabinet and pulled out a locked zippered pouch.</p> <p>__ Indicated the keys for the zippered pouch with the narcotics were also stored in the glass container.</p> <p>__ Indicated the door to the medication room remained unlocked and the clients were free to come and go in the room as needed.</p> <p>__ Indicated the keys to the medication cabinet were stored inside the glass container.</p> <p>__ Indicated anyone entering the medication room (staff, clients or visitors) could access the keys and open the medication cabinet and stated, "We keep them (the medication and narcotic keys) in here (the glass container) because no one ever bothers them and I guess it's like, out of sight, out of mind."</p> <p>The facility's RN and the LHM (Lead Home Manager) were interviewed on 9/10/15 at 2 PM.</p> <p>__ The LHM stated, "We have always just kept the med keys there (in the glass jar</p>			

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W 0429 Bldg. 00	<p>on the shelf in the medication room). No one has ever bothered them." ___ The RN stated, "Best nursing practice would be for the them (sic) (the staff) to keep the keys (the medication keys) on their person." ___ The LHM indicated in storing the keys in the glass container, the facility would be allowing anyone entering the medication room to access the medications. ___ The LHM indicated the medication keys would be moved and secured.</p> <p>9-3-6(a)</p> <p>483.470(e)(2)(i) HEATING AND VENTILATION The facility must maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means. Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to maintain the temperature in the clients' home within a normal comfort range.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 9/9/15 between 3:20 PM</p>	W 0429	<p>429</p> <p>Now and in the future, each group home will ensure the temperatures in the homes are within a normal comfort range. The Maintenance Department adjusted the dampener system and also has installed thermometers in each bedroom and hallway. The group home staff and maintenance are monitoring and documenting temperatures on a daily basis. At</p>	10/02/2015

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	<p>and 5:30 PM and on 9/10/15 between 6:30 AM and 8:30 AM.</p> <p>__ The facility home was a single level home with four bedrooms.</p> <p>__ Three of the bedrooms, the medication room and a full bathroom were located in the rear of the home and down a long, wide hallway.</p> <p>__ An evident drop in temperature could physically be felt while walking from the front of the house where the living room was located to the back of the house and down the hallway where the bedrooms were located.</p> <p>__ On 9/10/15 at 8 AM the temperature at the end of the hallway and in client #2's and #3's bedroom was 67.5 degrees.</p> <p>__ During both observation periods client #2 wore a jacket and a hat.</p> <p>__ On 9/10/15 at 8:05 AM clients #1, #2, #4 and #5 were standing in the long hallway outside of the bathroom. Clients #1, #2, #4 and #5 indicated they were cold.</p> <p>__ During interview with staff #3 on 9/10/15 at 8:05 AM, staff #3 stated the back hallway, bedrooms and bathroom was "always a little chilly."</p> <p>During interview with the HM (Home Manager) on 9/10/15 at 8:10 AM, the HM:</p> <p>__ Indicated the back hallway and bedrooms were added onto the home</p>		<p>this time the temperatures are within the same temperature range as the remainder of the house.</p>	

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W 9999 Bldg. 00	<p>after the home was originally built. ___ Indicated the back hallway and all the bedrooms felt colder than the rest of the home. ___ Indicated no thermometers were located in the hallway and/or in the clients' (clients #1, #2, #3, #4, #5, #6 and #7) bedrooms. ___ Indicated one thermostat in the home that was located in the living room.</p> <p>During interview with the LHM (Lead Home Manager) on 9/10/15 at 11 AM, the LHM: ___ Indicated she had contacted maintenance staff to look into the heating problem in the home. ___ Indicated the clients' (#1's, #2's, #3's, #4's, #5's #6's and #7's) home was to be kept at a comfortable temperature. ___ Stated a temperature of 67.5 would be "a little chilly."</p> <p>9-3-7(a)</p> <p>State Findings: The following Community Residential Facilities for Persons with Developmental Disabilities rule was not</p>	W 9999	9999 Now and in the future, the Human Resource Director will ensure three references are provided for all incoming and existing staff. The attached "Checklist for	10/02/2015			

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	<p>met.</p> <p>460 IAC 9-3-2 Resident protections (c) The residential provider shall demonstrate that its employment practices assure that no staff person would be employed where there is: (3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum,... three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>Based on record review and interview for 1 of 3 staff persons reviewed, the facility failed to ensure three references were provided for staff #5.</p> <p>Findings include:</p> <p>The facility personnel records were reviewed on 9/10/15 at 11 AM. Staff #5's employee file indicated three references. One of the three references provided no information.</p> <p>During interview with the LHM (Lead Home Manager) on 9/10/15 at 1 PM, the LHM indicated no additional references were available for review for staff #5.</p> <p>9-3-2(c)(3)</p>		<p>Background....."Form will be used by the Human Resource Department to ensure three references are completed with information prior to hiring a potential employee. All staff that interview and hire are trained at least annually on the hiring process.</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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